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ABSTRACT

This document presents a report from the House of Representatives Committee on Education and Labor concerning H.R. 1156, The Indian Youth Alcohol and Substance Abuse Prevention Act. An amended version of the bill, which was proposed to coordinate and expand services for the prevention, identification, treatment, and follow-up care of alcohol and drug abuse among Indian youth, is included. The six titles of the bill are presented as being concerned with: (1) inter-departmental agreement and coordination of services; (2) education; (3) family and social services; (4) law enforcement; (5) Indian youth alcohol and substance abuse treatment and rehabilitation; and (6) definition of terms. Other sections of this report discuss a summary of the legislation, the legislative history of the bill, and the need for the legislation and provisions of the bill. An explanation of each title of the bill is provided and committee recommendations are given. Oversight, cost estimate, and inflationary impact of the bill are considered and a section-by-section analysis of H.R. 1156 is provided. Finally, changes in existing law made by the bill are reported, specifically changes in the Indian Elementary and Secondary School Assistance Act, the Indian Education Act, the Adult Education Act, and the Education Amendments of 1978. (NB)

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99TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPT. 99-733
Part 1

ED271682

INDIAN YOUTH ALCOHOL AND SUBSTANCE ABUSE PREVENTION ACT

AUGUST 1, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. HAWKINS, from the Committee on Education and Labor, submitted the following

REPORT

[To accompany H.R. 1156 which on February 20, 1985, was referred jointly to the Committee on Interior and Insular Affairs, the Committee on Energy and Commerce and the Committee on Education and Labor]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and Labor, to whom was referred the bill (H.R. 1156) to coordinate and expand services for the prevention, identification, treatment, and follow-up care of alcohol and drug abuse among Indian youth, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

CG 0192211

SECTION 1. SHORT TITLE.

This Act may be cited as the "Indian Youth Alcohol and Substance Abuse Prevention Act".

TITLE I—INTER-DEPARTMENTAL AGREEMENT AND COORDINATION OF SERVICES

SEC. 101. MEMORANDUM OF AGREEMENT.

(a) PURPOSE.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Interior and the Secretary of Health and Human Services shall agree by means of a memorandum of agreement to—

(1) coordinate the Bureau of Indian Affairs and Indian Health Service alcohol and substance abuse programs existing on the date of the enactment of this Act with programs established by this Act;

(2) identify Federal, State, local, Tribal, and private resources to combat alcohol and substance abuse among Indian youth;

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(3) delineate the responsibilities of the Bureau of Indian Affairs and the Indian Health Service to coordinate alcohol and substance abuse-related services at the central, area, agency, and service unit levels;

(4) determine from such information as is available prior to the study required under section 501, an estimate of the scope of the Indian youth alcohol and substance abuse problem and its estimated financial and human costs;

(5) authorize the Bureau of Indian Affairs agency superintendents and education superintendents and the Indian Health Service service unit directors to enter into agreements described in section 102; and

(6) provide for biannual review by the Secretary of Interior and the Secretary of Health and Human Services of the agreement under this subsection.

(b) LIMITATION.—The actions and coordination involved in implementing this Act, and the agreement reached under subsection (a), shall supplement, not supplant, any activity or program related to alcohol or substance abuse that is in existence on the date of the enactment of this Act and shall be made in the manner least disruptive to Tribal control, in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) and local control, in accordance with section 1130 of the Education Amendments of 1978 (25 U.S.C. 2010).

(c) SOLICITATION OF COMMENT.—The Secretary of Interior and the Secretary of Health and Human Services shall, in developing the agreement under subsection (a), consult with and solicit the comments of—

(1) interested Indian Tribes;

(2) Indian individuals;

(3) Indian organizations; and

(4) professionals in the treatment of alcohol and substance abuse.

(d) PUBLICATION IN THE FEDERAL REGISTER.—The agreement under subsection (a) shall be submitted to Congress and published in the Federal Register not later than 90 days after the date of the enactment of this Act.

SEC. 102. COORDINATION OF AGENCY RESOURCES.

(a) APPLICATION.—After publication in the Federal Register of the agreement required under section 101(a), any Indian Tribe or Tribal organization, as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 4506), may submit a written application to the Director of the Indian Health Service to coordinate local resources and services related to alcohol and substance abuse prevention, identification, education, treatment, and follow-up care for Indian youth.

(b) AGREEMENT.—

(1) IN GENERAL.—Not later than 90 days after the receipt of an application under subsection (a), the Director of the Indian Health Service, in consultation with the Assistant Secretary for Indian Affairs, shall—

(A) enter into an agreement with such Tribe or Tribal organization to identify and coordinate the responsibilities and referral resources of all public and private agencies and programs providing alcohol and substance abuse-related resources or services for Indian youth within the service area of such Tribe or Tribal organization; and

(B) review and modify such agreement, as necessary, to reflect changes in the availability of such resources and services.

(2) COOPERATION OF LOCAL ENTITIES.—Any agreement under paragraph (1) shall involve the cooperation of the Bureau of Indian Affairs Agency Superintendent, the Bureau of Indian Affairs Superintendent for Education, and the Indian Health Service Service Unit Director, of any such Tribe or Tribal organization.

SEC. 103. COORDINATION OF EXISTING PROGRAMS.

The Secretary of Interior, the Secretary of Health and Human Services, and the Secretary of Education shall, to the extent possible, provide for the coordination of programs, other than those established by this Act, that provide support or services relating to alcohol or substance abuse.

SEC. 104. DIVISION OF RESPONSIBILITY.

(a) SECRETARY OF HEALTH AND HUMAN SERVICES.—Except as provided in subsection (c), the Secretary of Health and Human Services, in consultation with the Secretary of Education and the Secretary of Interior, and acting through the Indian Health Service, shall have the primary responsibility for the implementation of this Act.

(b) BUREAU OF INDIAN AFFAIRS.—The Assistant Secretary for Indian Affairs, acting through the Bureau of Indian Affairs, shall be responsible for providing such

support and cooperation as are necessary to implement this Act and the agreement entered into under section 101(a).

(c) SECRETARY OF INTERIOR.—The Secretary of Interior shall have the primary responsibility for the implementation of title IV.

(d) REPORT.—The Secretary of Health and Human Services shall make annual reports to Congress on the progress of the implementation of this Act. Such report shall specify any problems in such implementation that must be resolved by interagency action.

TITLE II—EDUCATION

SEC. 201. AMENDMENTS TO THE INDIAN ELEMENTARY AND SECONDARY SCHOOL ASSISTANCE ACT

Section 304 of the Indian Elementary and Secondary School Assistance Act (20 U.S.C. 241cc) is amended by—

(1) striking "and" at the end of paragraph (1);

(2) striking the period at the end of paragraph (2) and inserting "; and"; and

(3) adding at the end the following:

"(3) the training of counselors at schools eligible for funding under this title in counseling techniques relevant to the treatment of alcohol and substance abuse.".

SEC. 202. AMENDMENTS TO THE INDIAN EDUCATION ACT.

Section 423 of the Indian Education Act (20 U.S.C. 3385b) is amended by—

(1) inserting in subsection (a) "clinical psychology" after "medicine"; and

(2) adding at the end the following:

"(e) Not more than 10 percent of the fellowships awarded under subsection (a) shall be awarded, on a priority basis, to persons receiving training in guidance counseling with a specialty in the area of alcohol and substance abuse counseling and education.".

SEC. 203. AMENDMENTS TO THE ADULT EDUCATION ACT.

Section 315(a) of the Adult Education Act (20 U.S.C. 1211a(a)) is amended by—

(1) striking the period at the end of paragraph (5) and inserting "; and"; and

(2) adding at the end the following:

"(6) to provide alcohol and substance abuse counseling services to better enable Indians in need of such services to take advantage of educational and employment opportunities.".

SEC. 204. AMENDMENTS TO THE EDUCATION AMENDMENTS OF 1978.

(a) SECTION 1121.—Section 1121 of the Education Amendments of 1978 is amended by adding at the end the following:

"(i)(1) The Assistant Secretary shall provide the technical assistance necessary to develop and implement a program of instruction regarding alcohol and substance abuse prevention and treatment for students in kindergarten and grades 1 through 12, at the request of—

"(A) any Bureau of Indian Affairs school (subject to the approval of the school board of such school); or

"(B) any school board of a school operating under a contract entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(2) In schools operated directly by the Bureau of Indian Affairs, the Secretary shall, not later than 120 days after the date of the enactment of this Act, provide for—

"(A) accurate reporting of all incidents relating to alcohol and substance abuse; and

"(B) individual student crisis intervention.

"(3) The programs requested under paragraph (1) shall be developed in consultation with the Indian Tribe that is to be served by such program and health personnel in the local community of such Tribe.

"(4) Schools requesting program assistance under this subsection are encouraged to involve family units and, where appropriate, Tribal elders and Native healers in such instruction.".

(b) SECTION 1129.—Section 1129 of the Education Amendments of 1978 is amended by adding at the end the following:

"(e)(1) A financial plan for a school under subsection (b) may include, at the discretion of the local administrator and the school board of such school, a provision for a summer program of academic and support services for students of the school.

Any such program may include activities related to the prevention of alcohol and substance abuse. The Assistant Secretary of Indian Affairs shall provide for the utilization of any such school facility during any summer in which such utilization is requested.

"(2) Notwithstanding any other provision of law, funds authorized under the Act of April 16, 1934 (25 U.S.C. 452 et seq.) and the Indian Education Act (P.L. 92-318) may be used to augment the services provided in such a summer program, at the option, and under the control of, the Tribe or Indian-controlled school receiving such funds.

"(3) The Assistant Secretary of Indian Affairs, acting through the Director of the Office of Indian Education Programs shall provide technical assistance and coordination for any program described in paragraph (1) and shall to the extent possible, encourage the coordination of such programs with any other summer programs that might benefit Indian youth, regardless of the funding source or administrative entity of any such program.".

SEC. 205. NEWSLETTER.

The Secretary of Interior shall, not later than 120 days after the date of the enactment of this Act, publish an alcohol and substance abuse newsletter in cooperation with the Department of Health and Human Services and the Department of Education to report on Indian alcohol and subetance abuse projects and programs. The newsletter shall—

(1) be published once in each calendar quarter;

(2) include reviews of programs determined by the Secretary of Interior to be exemplary that provide sufficient information to enable interested persons to obtain further information about such programs; and

(3) be circulated without charge to—

(A) schools;

(B) Tribal offices;

(C) Bureau of Indian Affairs agency and area offices;

(D) Indian Health Service area and service unit offices;

(E) Indian Health Service alcohol programs; and

(F) other entities providing alcohol and substance abuse-related services or resources to Indian people.

TITLE III—FAMILY AND SOCIAL SERVICES

SEC. 301. TRAINING.

(a) COMMUNITY HEALTH REPRESENTATIVES.—Any training program for community health representatives funded under the Act of November 2, 1921 (25 U.S.C. 13) shall include not less than 2 weeks of training on the problems of alcohol and substance abuse and shall include instruction in crisis intervention, pharmacology, family relations, and the causes and effects of fetal alcohol syndrome.

(b) INDIAN HEALTH SERVICE.—

(1) PRIMARY TRAINEES.—The Director of the Indian Health Service shall, not later than 90 days after the agreement reached under section 101(a), either directly or through contract, make available training on the problems of alcohol and substance abuse, including instruction in crisis intervention, family relations, and the causes and effects of fetal alcohol syndrome to—

(A) Bureau of Indian Affairs agency superintendents of education (or the designee of any such superintendent);

(B) Bureau of Indian Affairs agency superintendents (or the designee of any such superintendent);

(C) Indian Health Service service unit directors;

(D) Bureau of Indian Affairs social workers;

(E) Indian Health Service doctors, nurses, nurse's aides, social workers, mental health workers, and paramedical personnel;

(F) Bureau of Indian Affairs school personnel and members of Bureau of Indian Affairs school boards and school boards operated under contract under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

(G) personnel of schools operated under contract under the Indian Self-Determination and Education Assistance Act; and

(H) students in grades 7 through 12 who are in school-sponsored or approved peer-counseling programs who have been designated by the Superintendent of the school that they attend.

(I) candidates for the position of supervisor of an emergency shelter established under section 402(c).

(2) SECONDARY TRAINEES.—The Director of the Indian Health Service shall also offer, upon request and subject to the availability of funds, the training described in paragraph (1) to—

(A) members of school boards governing public schools on or near Indian reservations and public schools in Oklahoma, Alaska, and California with significant numbers of Indian students;

(B) members of child welfare protection committees serving Indian communities;

(C) educators at Tribal colleges that do not otherwise provide alcohol and substance abuse training to their personnel;

(D) Urban Indian Center counselors;

(E) home-school-liaison personnel funded under the Indian Elementary and Secondary School Assistance Act;

(F) Tribal Council members and executives;

(G) Tribal court judges and staff;

(H) Administrators of the Women, Infants and Children Program operated by the Department of Agriculture;

(I) personnel of public schools on or near Indian reservations and public schools in Oklahoma, Alaska, and California with significant numbers of Indian students; and

(J) any interested member of the Indian community.

(3) EMERGENCY SHELTER SUPERVISORS.—

(A) RENEWAL.—Training for supervisors of emergency shelters established under section 402(c) shall be renewed periodically as determined by the Director of the Indian Health Service to be necessary.

(B) STANDARDS.—Any training provided under paragraph 1(I), or renewal of such training under subparagraph (A), shall be consistent with the licensing standards for such shelters established under section 402(c)(3) of title IV.

(4) FEES.—

(A) PRIMARY TRAINEES.—The Secretary of Health and Human Services shall provide the training under subsection (b)(1) at no cost to the recipients.

(B) SECONDARY TRAINEES.—The Secretary may provide the training under subsection (b)(2) at no charge or at a nominal fee adequate to pay for the cost of instruction. Any fees collected under this subsection shall be retained by the Director of the Indian Health Service and shall be used to provide additional training under this title.

(5) LOCAL EMPHASIS.—Training provided under paragraph (1) and (2) shall, to the extent possible, be culturally relevant to, and be conducted in, the local community of the recipients of such training and shall use the services of Tribally controlled community colleges.

(6) CERTIFICATION.—The Secretary of Health and Human Services shall, upon request, provide certification to any person who completes training under this title for the purpose of obtaining academic credit or certification at any post-secondary educational institution.

TITLE IV—LAW ENFORCEMENT

SEC. 401. EDUCATION.

The Assistant Secretary of the Bureau of Indian Affairs shall, in the training of Bureau of Indian Affairs law enforcement personnel, provide education on the problems of alcohol and substance abuse among Indian youth.

SEC. 402. ALTERNATIVES TO INCARCERATION.

(a) TRIBAL, FEDERAL, AND BUREAU OF INDIAN AFFAIRS LAW ENFORCEMENT.—

(1) EMERGENCY SHELTERS AND COMMUNITY-BASED TREATMENT FACILITIES.—Subject to paragraphs (2) and (3), any Tribal, Federal, or Bureau of Indian Affairs law enforcement officer who arrests an Indian youth for any offense related to the abuse of alcohol or drugs shall, in lieu of incarceration, place such youth in a temporary emergency shelter described in subsection (c) or a community-based alcohol or substance abuse treatment facility to the extent such facilities are available.

(2) GUIDELINES.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Interior, in consultation with the appropriate Tribal authorities and the Attorney General of the United States, shall issue guidelines under which a law enforcement officer described in paragraph (1) may place an Indian youth arrested for an offense related to substance or alcohol

abuse, in a facility other than an emergency shelter described in subsection (c). Such guidelines shall be consistent with the Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415).

(3) COMPLIANCE WITH TRIBAL LAW.—The guidelines established under paragraph (2) shall, to the extent possible, be in compliance with Tribal law.

(b) STATE LAW ENFORCEMENT.—In the case of any State that exercises criminal jurisdiction over any part of Indian country under section 1162 of title 18 of the United States Code or section 401 of the Act of April 11, 1968 (25 U.S.C. 1321), such State is urged to require its law enforcement officers to—

(1) place any Indian youth arrested for any offense related to alcohol or substance abuse in a temporary emergency shelter described in subsection (c) or a community-based alcohol or substance abuse treatment facility in lieu of incarceration to the extent such facilities are available; and

(2) observe the guidelines promulgated under subsection (a)(2).

(c) EMERGENCY SHELTERS.—

(1) ESTABLISHMENT AND COMPENSATION SCHEDULE.—Not later than 90 days after entering into the agreement under section 101(a), the Assistant Secretary of the Bureau of Indian Affairs shall establish a program and approve a compensation schedule under which Indian families shall be compensated for providing temporary emergency shelters in their homes for Indian youths apprehended by law enforcement officers for offenses related to alcohol or substance abuse.

(2) REQUIREMENTS FOR OPERATION.—No emergency shelter established under a program under paragraph (1) shall commence operation until—

(A) the Tribal council of any Tribe to be served by such shelter approves such shelter; and

(B) such shelter meets the licensing standards promulgated under paragraph (3).

(3) LICENSING.—

(A) STANDARDS.—The Assistant Secretary of the Bureau of Indian Affairs shall, not later than 120 days after the date of the enactment of this paragraph, promulgate standards by which the emergency shelters established under a program under paragraph (1) shall become licensed.

(B) TRAINING.—Such standards shall require that any individual supervising such shelter have completed the training described in section 301(b)(1) of this Act.

(C) RENEWAL.—Licenses issued under subparagraph (A) shall be subject to renewal upon annual review and approval of the Assistant Secretary of the Bureau of Indian Affairs.

TITLE V—INDIAN YOUTH ALCOHOL AND SUBSTANCE ABUSE TREATMENT AND REHABILITATION

SEC. 501. STUDY.

The Director of the Indian Health Service shall, not later than 6 months after the date of the enactment of this Act, complete a study to determine—

(1) the size of the Indian youth population in need of residential alcohol and substance abuse treatment;

(2) where facilities to provide such treatment are, or should be, located;

(3) the cost of providing such treatment; and

(4) the effectiveness of public and private alcohol and substance abuse treatment programs in operation on the date of the enactment of this Act.

SEC. 502. INDIAN HEALTH SERVICE TREATMENT PROGRAM.

(a) SERVICES.—The Director of the Indian Health Service shall provide a program of comprehensive alcohol and substance abuse treatment services, including detoxification and counseling services, and follow-up care in Indian Health Service facilities and in facilities operated under contract under the Indian Self-Determination and Education Assistance Act to Indian youths in need of such services.

(b) OUTPATIENT FACILITIES.—No health facility described in subsection (a) shall be required under this section to provide inpatient services if such facility is primarily an outpatient facility.

(c) REPORT.—The Director of the Indian Health Service shall report on the progress of the program provided under subsection (a) to the appropriate committees of Congress not later than 18 months after the completion of the study described in section 501.

SEC. 503. ALCOHOL AND SUBSTANCE ABUSE TREATMENT FACILITIES.

(a) FEDERALLY OWNED STRUCTURES.—

(1) IDENTIFICATION.—The Secretary of Health and Human Services shall, acting through the Director of the Indian Health Service and in consultation with the Assistant Secretary of the Bureau of Indian Affairs, identify and utilize, wherever appropriate, existing federally owned structures suitable for use as residential alcohol and substance abuse treatment centers, to meet the needs identified in the study under section 501.

(2) GUIDELINES FOR SUITABILITY.—The Secretary of Health and Human Services shall, in consultation with professionals involved in the clinical treatment of alcohol and substance abuse among Indian youth, establish guidelines for determining the suitability of any such federally owned structure to be used as a residential alcohol and substance abuse treatment center. No clinically inappropriate, or structurally unsound, building shall be used as such a treatment center.

(3) CONDITIONS OF USE.—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary of Health and Human Services and the agency having responsibility for the structure.

(4) RENOVATION.—The Secretary of Health and Human Services may, directly or by contract, renovate any facility described in paragraph (1). Any such renovation shall conform with—

(A) such terms and conditions as have been agreed upon under paragraph (3); and

(B) such clinical requirements for alcohol and substance abuse treatment centers as are determined to be appropriate by alcohol and substance abuse treatment professionals.

(b) BUREAU OF INDIAN AFFAIRS FACILITIES.—

(1) IDENTIFICATION.—The Secretary of the Interior shall identify for the Secretary of Health and Human Services any existing Bureau of Indian Affairs facilities that could be utilized for residential alcohol and substance abuse treatment centers for Indian youths.

(2) LIMITATION.—No Bureau of Indian Affairs school shall be used under paragraph (1) as a treatment center for persons who are not students of such school without the express consent of the school board of such school.

(c) CONSTRUCTION OF NEW FACILITIES.—If there is not an adequate number of facilities that may be renovated under subsection (a)(4) to meet the treatment needs identified in the study under section 501, the Secretary of Health and Human Services shall seek specific authority to construct such facilities as the Secretary finds necessary to meet such treatment needs.

TITLE VI—DEFINITIONS

SEC. 601. DEFINITIONS.

For the purposes of this Act, the term—

(1) "agency office" means an administrative entity within the Bureau of Indian Affairs serving one or more Indian Tribes within a geographical area defined by regulation by the Bureau of Indian Affairs.

(2) "Bureau of Indian Affairs area office" means an administrative entity within the Bureau of Indian Affairs through which funds and services are provided to agency offices within a geographical area defined by regulation by the Bureau of Indian Affairs; and

(3) "Indian" means any person who is a member of an Indian Tribe or who is eligible for services under any program administered by the Assistant Secretary of Indian Affairs;

(4) "Indian Health Service area office" means an administrative entity within the Indian Health Service through which services and funds are provided to service units within a geographical area defined by regulation by the Indian Health Service;

(5) "Indian Tribe" means any Indian Tribe, band, nation, or other organized group or community of Indians, including any Alaskan Native village or regional or village corporation as defined in, or established pursuant to, the Alaska Claims Settlement Act (43 U.S.C. 1601 et seq.) that is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians;

(6) "service area" means the geographical area served by a service unit;

(7) "service unit" means an administrative entity within the Indian Health Service serving one or more Indian Tribes within a geographical area defined by regulation by the Indian Health Service;

(8) "substance abuse" means abuse of any addictive or controlled substances or abuse of propellants and inhalants; and

(9) "youth" means any Indian, under the age of 18, or who attends a secondary school.

SUMMARY OF THE LEGISLATION

H.R. 1156, the Indian Youth Alcohol and Substance Abuse Prevention Act, is to make a clear Federal policy statement against alcohol and substance abuse among Indian Youth, to require Federal agencies to more closely coordinate their services and to provide for a comprehensive program for the prevention, diagnosis and treatment of this problem.

The major provisions of the bill: direct the Assistant Secretary of Indian Affairs (hereinafter referred to as the A.S. for B.I.A.) and the Secretary of Health and Human Services (acting for the Indian Health Services) to enter into an agreement to identify needs and local resources, and coordinate services, using existing Federal law to allow Tribes to provide local coordination; direct the A.S. for B.I.A. to assist local Bureau funded schools in developing and implementing a program for alcohol and substance abuse education (including provision of summer education programs); direct the Director of the Indian Health Service (hereinafter Dir. of I.H.S.) to provide training to a wide range of individuals and groups; direct the A.S. for B.I.A. to promulgate standards for its law enforcement officials to use in seeking alternatives to incarceration and establish on-reservation crisis shelters to be used in lieu of incarceration; and direct the Dir. of I.H.S. to study in depth the need in this area and the services presently available to meet it and make the prevention, diagnosis and treatment of alcohol and substance abuse a priority for I.H.S. resources.

LEGISLATIVE HISTORY

H.R. 1156 was authored by Mr. Bereuter and Mr. Daschle and was introduced by Mr. Bereuter and four cosponsors on February 20, 1985. Subsequently 54 Members have been added as co-sponsors. The bill was referred jointly to the Committees on Education and Labor, Interior and Insular Affairs and Energy and Commerce. Another bill, H.R. 2624, was introduced on May 23, 1985 by Mr. McCain, and was similarly referred.

Within the Committee on Education and Labor, the bill was referred to the Subcommittees on Elementary, Secondary and Vocational Education and Select Education. Field Hearings were held by the Committee on Interior and Insular Affairs on May 28, 1985 (Rapid City, South Dakota), June 14, 1985 (Albuquerque, N.M.), and June 15, 1985 (Phoenix, Ariz.). Hearings were held by the same Committee in Washington on October 25, 1985 and April 29, 1986. For the latter, Members of the Committee on Education and Labor were invited to participate. On June 25, 1986, the Committee met, discharged the Subcommittees from further consideration of the bill and ordered the bill reported with an amendment. On July 25,

1986, the Committee on Interior and Insular Affairs also ordered H.R. 1156 reported with an amendment.

NEED FOR THE LEGISLATION AND PROVISIONS OF THE BILL

BACKGROUND

Alcoholism and substance abuse is the number one health and social problem on American Indian Reservations and in Alaskan Villages. Recent surveys show that the average alcoholism rate for all Native Americans is 451% higher than the National Average. This devastating statistic is even higher one some reservations, where poverty and hopelessness fuel the problem. A recent study showed that 90% of the Indians on one reservation live in daily contact with chronic alcohol abuse in one of its many forms. Alcohol related death and disease are the biggest killers on reservation, at a rate almost 8 times their incidence in the non-reservation world. The Indian Health Service states that alcohol is implicated in 4 out of 10 of all deaths that occur on resevations.

Unfortunately, this same situation is being transferred to the younger generation of Native Americans. Increasing numbers of Indian youth are regularly drinking alcohol by the age of 13. More and more Indian students are abusing drugs, including marijuana, glue, and paint. The ingestion of copying fluids and cleaning agents has led some stores and schools to place these under lock and key, while the inhaling of automobile exhaust and the "huffing" of gasoline fumes is wreaking havoc on reservations throughout the States. Alcoholism is ranked with accidential death as the number one killer of young Native Americans.

H.R. 1156 is an attempt to take the needed steps to remediate this intolerable problem. It is not the first such attempt. Congress has directed action against alcohol and substance abuse as early as 1886 (20 U.S.C. 111). However, past efforts have been hampered by lack of Federal commitment and a scatter-gun uncoordinated approach.

H.R. 1156 addresses the issue by requiring coordinated action by the two Federal agencies chiefly responsible for the Federal programs for American Indians and Alaskan Natives—the Bureau of Indian Affairs and the Indian Health Service. It is the result of intensive work by Mr. Bereuter and Mr. Daschle since 1983. Both of these Members, who have substantial Indian constitutencies and who are familiar with the problem, have worked closely with other Members on the drafting of this bill. While no one would question the need for improved diagnosis and treatment for all Indian alcohol and substance abusers, there was a consensus that there was a special need for quick, concerted action to address the needs of Indian youth, with a new and dramatic emphasis on education and prevention.

Working with the staffs of the Committees of jurisdiction and the agencies involved, a bill was introduced on this issue in the 98th Congress. That bill was mailed for comment to approximately 700 Indian Tribal leaders, health and education specialists and American Indian and Alaskan Native policy makers throughout the

United States. As the result of the hundreds of responses received, the bill was redrafted and reintroduced as H.R. 1156.

TITLE I

Title I specifies the development of two Memoranda of Agreement (herein after MOA), one, at the national or central level, and the other at the local or agency level. The MOA at the national, or central level, requires an interdepartmental agreement between the Secretaries of the Interior and Health and Human Services which will coordinate the Bureau of Indian Affairs and Indian Health Service programs which currently exist or which will be initiated as a result of this Act. The Memorandum of Agreement will identify Federal, State, local, Tribal and private resources which can be utilized for the fight against alcohol and substance abuse among Indian youth. The MOA further deliniates the responsibilities of the BIA and IHS to coordinate neeed services at the central, area, agency and service unit levels. The Members point out that part of the reason for the development of the MOA can be attributed to comments made by officials at the BIA and IHS who advised that such an agreement would compel the agencies to talk with one another and begin the process of acting together to combat the recognized tragedy of alcohol and substance abuse among American Indian and Alaskan Native youth. This MOA is to be specific as to the responsibilities of each agency, products to be produced or actions taken, as well as specifying contact personnel and time lines for all steps for implementation. A simple statement that cooperation is beneficial and that it should be done somewhere, by someone, at sometime, would not be sufficient.

The MOA also requires a report on the extent of human and financial costs of alcohol and substance abuse. This report is to be based on current information. When the report required under Section 501 of the Act is completed, it should furnish the basis for a reconsideration of the MOA and any further action.

Additionally, the actions and coordination required in the implementation of this Act are intended to supplement, not supplant, all activities that are ongoing in this problem area. Such actions and coordination are also meant to assist Tribes in initiating alcohol and substance abuse efforts where currently none exist. The Act also requires the solicitation of comments from Tribes and Tribal organizations and all actions taken must be consistent with self-determination and local control, as those Federal policies are set out in law.

At the local or ageny level, a Tribe or Tribal organization may submit a written application to the Director of IHS to coordinate local alcohol and substance abuse prevention resource and services, including directing the BIA and IHS agency superintendents, in concert with the Tribe, to enter into the agreement that will coordinate responsibilities and referral resources of all public and private agencies and programs that provide needed sevices. The Members wish to stress that their intent is that Tribes will be leaders in the fight against alcohol and substance abuse, to be assisted by *willing* Federal agencies giving active, not grudging, assistance. This directive should be borne in mind as the agencies respond to

the directive to prepare agreements at both the national and local levels for the facilitation of this Act.

Finally, Title I stipulates which Federal agency will have the primary responsibility for, and thus the primary accountability for, each activity in the Act.

TITLE II

Title II stipulates activities in the field of education. With respect to programs under th Indian Education Act (hereinafter I.E.A.), it authorizes the use of I.E.A. funds for in-service training of school counselors. It also directs that I.E.A. fellowship funds may also be used for study in the field of clinical psychology (a change required by the Department's unduly restrictive interpretation of the current authorization).

The Indian Education Act is also amended to place a priority on fellowships for those entering programs for a degree in alcohol and substance abuse counseling. There was considerable discussion about mandating a 10% set aside in this area. However, because of the limited funding level of these fellowships, the decision was against setting a precedent by setting aside these funds. The Committee encourages the Indian Health Service and the B.I.A. to also give special consideration to fellowship requests for training in this area of study. It is only with a trained group of qualified personnel that the purposes of this Act can be fulfilled.

The Committee also expects that the Bureau of Indian Affairs shall begin to provide inservice training in a consistent and periodic fashon, either directly or through contract with qualified persons and in manner consistent with the wishes of the local school board. Of course, preference would be given to qualified American Indian and Alaskan Native individuals to be training providers.

The section of the title dealing with Bureau of Indian Affairs programs was totally rewritten by the Committee. Cognizant of the fact that increased funds are scarce, the Committee realized that any programs authorized would be taken from current resources. However, this would mean a decrease in another area of current services, an action which would be destructive to the concept of local control.

The Committee's amendment is carefully fashioned to reconcile these issues. The A.S. for B.I.A., through the standards process, is to encourage and facilitate the establishment of these programs in all Bureau funded schools. The Committee specifically notes the need for technical assistance in the area of curriculum development and programs coordination.

However, specific authority for the implementation of these programs and the specific curriculum to be used, is clearly left to the local school administration and school board. The A.S. for B.I.A. is to provide service *upon request*, and it is to be assistance, not dictation.

The Committee feels that two points must be made. First, a standard curriculum which may be accepted nationally as proved effective may or may not be relevant for the purposes of this Acct. The Committee notes that some of the most successful alcohol and substance abuse programs developed for Indians and Alaskan Na-

tives have been locally developed and have utilized traditional tribal leaders and native healing in the treatment of alcohol and substance abuse. The Committee further notes the importance of role models for Indian youth and encourages schools and federal agencies who work with Indian youth to address inhouse those situations where personnel are not acting in a manner to be an appropriate role model. Agencies are encouraged to deal forthwith with personnel who may have alcohol or substance abuse problems.

Second, the testimony received by the Congress from the Bureau of Indian Affairs was misleading in stating that alcohol and substance abuse curriculum was in place at many schools. At a closer look, it became evident that in too many instances, what the Bureau of Indian Affairs was reporting as a program in place consisted of a poster on the bulletin board or a guest lecture once or twice a year. There are few comprehensive education or treatment programs targeted at addressing the problem of Indian youth alcohol and substance abuse in place in Indian country. This Act is designed to provide a comprehensive programmatic approach to education, prevention and treatment of alcohol and substance abuse. A poster or guest lecture does not suffice and these shortcuts to fulfilling the purposes of this Act are not acceptable. The Committee does not accept the testimony by the Bureau of Indian Affairs that 122 of the 183 BIA funded schools have alcohol and substance abuse programs in place. The Committee directs that an alcohol and substance abuse program is to be a curriculum based program incorporated into the school system to be implemented in a consistent, integrated and ongoing manner. Local School Boards are encouraged to work with public schools and other community-based programs to coordinate efforts and promote alcohol and substance abuse counseling, prevention, and education in programs for Indian youth. More than half of this nation's Indian youth do not live on Indian reservations and more than 80% of Indian youth attend public schools. To the extent possible, training and programs to meet the needs of these youths should be considered.

For schools operated directly by the Bureau of Indian Affairs reporting requirements are included so there can be accurate reporting of all incidents relative to alcohol and substance abuse. It is only with this data that Congress will be able to make the necessary assessment for funding of the various provisions of the Act. There are currently no accurate statistics which show how many youth are affected; nor is there any information on early detection and treatment mechanisms that are effective. This Act corrects this.

The Congress received, and agreed with, testimony on the importance of providing summer programs and recreational opportunities to fulfill the purposes of this Act. However, once again the Committee realized that the current posture against increased funding would mean that any statutory requirement in this area would mean a cut in other, locally established programs. The Committee again resolved this by making this an authorized use of Indian Student Equalization Funds, to be controlled at the local level. The Committee stresses that the Central Office should take no action to hinder this local control. In those instances where the local school administration and school board decide on summer

programs of academic and support services, the Bureau of Indian Affairs is directed to provide for the utilization of school facilities and provide technical assistance. Funds from other sources may be used to augment summer program services. In those instances where a school board requires in their financial plan that funds be provided from I.S.E.F. for summer programs, an academic component must be included in the program.

A newsletter is required four times during the calendar year for the purpose of updating the constituency as to exemplary programs and contact people in order to fulfill the purposes of this Act. It is the intent of the Committee that this newsletter will compile all relevant materials, including Health and Human Services, Department of Education, and Bureau of Indian Affairs data and program information. The bill specifies the circulation of the newsletter.

TITLE III

Title III directs the IHS to conduct training programs for a variety of members of Indian communities in several areas related to the prevention of alcohol and substance abuse. Specifically, the training program for Community Health Representatives shall include not less than two weeks of training in crisis intervention, pharmacology, family relations, and the causes and effects of Fetal Alcohol Syndrome and Fetal Alcohol Effect. The Members believe that Community Health Representatives can play a critical role in the community effort to eradicate alcohol and substance use among Indian youth since they are the first responders on the health care scene, and are often in a position where they must deal with or react to a family crisis situation that may involve alcohol and substances. As such, their current alcohol and substance abuse training is inadequate to prepare them for the additional responsibilities that this Act envisions.

Title III also requires training, either directly or through contract, for two groups of persons. Again recognizing the fiscal reality of limited funds, the Committee has divided the potential recipients of training into two groups. The primary groups of trainees shall receive the training, at no cost, on the problems of alcohol and substance abuse, crisis intervention, family intervention, and the causes and effects of Fetal Alcohol Syndrome and Fetal Alcohol Effect. This group of persons includes BIA agency superintendents of education, BIA agency superintendents (or designees), IHS service unit director, BIA social workers, IHS personnel, BIA and contract school personnel, and BIA and contract school boards' members, students in grades 7–12 who are involved in peer counseling programs which are approved and sponsored by their secondary institutions and candidates for the position of supervisor of an emergency shelter which is established by this Act.

The Committee states that counseling provided by the individuals trained under this section of the Act should target those young people who are most at risk from alcohol and substance abuse, while recognizing that their services are intended to assist all young people who are vulnerable to the problem. They further stress the importance of peers and family in this fight. Among teens, especially, the use of peer counselors, who have pulled their

own lives together, can be most effective. The involvement of the family is also viewed as an admirable goal, whenever possible, since often as not, the problems that lead to the use of alcohol and substances, or exacerbate their use, occur in the crucible of the family. The Committee also notes that candidates for the position of supervisor, not solely current supervisors, of emergency shelters, are to be eligible for this training.

A secondary group of trainees shall be offered training, upon request and subject to the availability of funds. IHS is allowed to charge a fee for the training of the secondary trainees. All fees collected in this section will be retained by IHS for the purpose of further training under the Act. The individuals in this second group will come from school board members governing public schools on or near reservations, and public schools in Oklahoma, Alaska, and California who have significant numbers of Indian students. It also includes members of Indian Child Welfare Protection Committees, Tribal college personnel, Urban Indian Center counselors, home-school liaison personnel funded under Title IV of the Elementary and Secondary Education Act, Tribal council members, Tribal court judges and staff, WIC personnel, public school personnel, or any member of an Indian community with an interest in the problem.

The Committee wants to clearly state that division of trainees into two groups in no way signals that the Committee views training for the secondary group as less important. It is solely a reflection of fiscal reality. The Members wish to point out here that such training should be on-going, to accommodate transfer or turnover in personnel who receive the training.

The Committee directs that all training should recognize the use of traditional methods and beliefs as effective tools, and that the use of native healers and spiritual leaders is also appropriate. In addition, training should be provided, to the greatest extent possible, in the local community of those receiving the training. Training efforts shall, to the greatest extent possible, make use of the services of the tribal colleges. The Committee notes that the tribal community colleges play a central role in the development of many of the communities and surrounding areas in which they are located, and that they serve as a focus of community life and goals. The Committee believes that education is a crucial component in the struggle to achieve self-determination and any role that the respected and valued tribal colleges can play in strengthening the community should be encouraged.

In attempting to enhance the value of the training, the Secretary of Health and Human Services shall provide certification, upon request, to any person who completes training under this Title and wishes to use it for the purposes of obtaining academic credit or certification at any postsecondary institution.

Finally, the Committee points out that a media campaign to advise the community of the availability of training can utilize such resources as Health Fairs, Pow Wows, billboards, and flyers. It is also expected that the unofficially-recognized community elders, who may often be the confidants of tribal young people and other members of the tribe, will be a resource to tribal individuals who receive the training.

TITLE IV

Title IV directs the Assistant Secretary for Indian Affairs to provide education on the problems of alcohol and substance abuse among Indian youth to all of its law enforcement personnel. The Committee is convinced that law enforcement persons should be well trained in intervention and interpersonal skills.

The Title further directs, subject to the guidelines of the A.S. for B.I.A., Bureau of Indian Affairs officers who arrest Indian youth on alcohol or substance related charges to place these young persons in a community-based alcohol treatment facility or in an emergency shelter established by this Act, in lieu of incarceration. The Committee stressed that the emergency shelter is to be used only as long as is necessary to make appropriate arrangements or subsequent plans for the young person involved, arrangements that consider the young person's social, personal, medical and educational needs and coordinates all interested parties and services. The Committee particularly directs that the A.S. for B.I.A. and Department of Human Services take steps to coordinate their services. Today, too often the Bureau states that its responsibility ends after a short detention period, while the IHS states that it will not provide services to the young person unless they are totally incapacitated. Too often, there is a failure to even notify the other agency of occurrences on the same reservation.

The Committee also suggests that the Act should be construed to allow officers the discretion to call upon the informally-recognized confidante or Tribal elder, if that seems to be appropriate and where it is done in a manner consistent with the rights of privacy and Federal statute.

The Secretary of the Interior is instructed to formulate guidelines on alternatives to incarceration with Tribal and expert input and punish them. They must be consistent with the Juvenile Justice and Delinquency Prevention Act (P.L. 96–509). To the greatest extent possible, however, these guidelines should be in compliance with Tribal law. The Committee states that the Juvenile Justice and Delinquency Prevention Act provisions should be viewed as minimum standards. Many Tribes, however, have enacted their own juvenile codes, and if these codes are more restrictive than the JJDJPA, they should be applied.

The Committee notes that there are States which exercise criminal jurisdiction over Indian country, and the Act contains a provision that encourages those States to also make use of any available emergency shelters in lieu of incarceration, where appropriate, and to follow the guidelines that will be used by the BIA law enforcement personnel in determining the placement of youth who are apprehended on a drug or substance related charge.

The Title also establishes a program under which Indian families will be compensated for providing emergency shelters in their homes for Indian young people who are apprehended on alcohol or substance related charges. The Members wish to state here that tribes should be able to use their Housing Improvement Program (HIP) funds to improve emergency shelters, if they so desire.

An emergency shelter will not be allowed to operate until the Tribal Council has approved it, and until it meets the licensing re-

quirement set forth by the Assistant Secretary for Indian Affairs. Persons who supervise these shelters will receive training under Title III in the problems associated with alcohol and substance abuse.

The Committee notes legitimate concerns regarding the implications of placing minor children in the care of persons who are not their parents or guardians. We are therefore most concerned about the guidelines developed to assist law enforcement personnel in placing youth who are arrested on alcohol or substance related charges, as well as the guidelines and licensure established for the operation of emergency shelters. The training received by the persons who operate these emergency shelters should emphasize crisis intervention techniques. Persons wishing to operate such shelters should be carefully evaluated by the Tribal Council in the course of their deliberations on the approval of the emergency shelter. In establishing this procedure, the Committee is recognizing, and relying upon, the Tribal Councils.

TITLE V

Title V requires the Director of Indian Health Service to complete a study that determines the size of the Indian youth population in need of residential alcohol and substance abuse treatment; where facilities providing such treatment should be located, or where they are currently located; the cost of providing treatment based on the size of the population; and the effectiveness of treatment programs in operation at the time of the enactment of the Act.

The Committee points out that treatment of young persons for alcohol and substance abuse is more likely to be effective if those young people are able to remain as close to their homes as possible. They recognize, however, that this may not always be feasible.

Title V also requires the Director of Indian Health Service to provide comprehensive alcohol and substance abuse treatment services, which will include detoxification, and counseling services and follow-up care. The Committee believes that this will require a total integration of the treatment of alcoholism into the IHS health delivery system, so that the physiological, psychological, and sociological aspects of alcoholism are considered during the treatment process.

This treatment is to be provided as needed in all IHS facilities, as well as in facilities that are operated under contract. However, no outpatient facility is required to provide treatment programs.

The Secretary of Health and Human Services and the Secretary of the Interior are directed to identify and utilize, wherever appropriate, existing Federally-owned structures that are suitable for use as residential treatment centers. The Secretary of HHS is also directed to establish guidelines for the use of such facilities. Specifically, no clinically inappropriate, or structurally unsound buildings shall be used as treatment centers. Expert opinion should be consulted on this issue. The Committee regrets the need for this provision. However, it is aware of the abysmal record attached with utilization of facilities, with improper or actually inappropriate facili-

ties being used in a haphazard fashion to provide a basis for saying that "something is being done". This should not happen here.

Also the Committee notes that no school facility, or part of a school facility, may be used for such a treatment center for other than the students of that school, unless the school board of the school agrees. Finally, while the Secretary of Health and Human Services may renovate a facility deemed appropriate for the purpose of residential treatment, there is no authority to construct a residential treatment facility. If, as a result of the study required in this Title, the Secretary of HHS determines that a residential facility is needed in a location where no suitable facility exists, the Secretary shall seek specific authority from Congress for such construction.

OVERSIGHT

No findings or recommendations concerning oversight of the program authorized by the bill have been received from the Committee on Government Operations.

COST ESTIMATE

The Congressional Budget Office has provided the following estimates of the costs which will be involved in implementing this legislation. The Committee concurs in these estimates and adopts them in compliance with clause 7 of rule XIII. No cost estimates have been received from any other Federal department or agency. The Congressional Budget Office letter follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 29, 1986.

Hon. AUGUSTUS F. HAWKINS,
Chairman, Committee on Education and Labor,
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for H.R. 1156, the Indian Youth Alcohol and Substance Abuse Prevention Act, as ordered reported by the House Committee on Education and Labor on June 25, 1986.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes,
Sincerely,

RUDOLPH G. PENNER.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 1156.
2. Bill title: Indian Youth Alcohol and Substance Abuse Prevention Act.
3. Bill status: As ordered reported by the House Committee on Education and Labor on June 25, 1986.
4. Bill purpose: To coordinate and expand services for the prevention, identification, treatment and follow-up care of alcohol and drug abuse among Indian youth and for other purposes.

5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1987	1988	1989	1990	1991
Estimated authorization:					
Level	2.7	1.8	1.9	1.9	2.0
Offsetting collections	−.4	−.2	−.3	−.2	−.2
Total estimated authorization level [1]	2.3	1.6	1.6	1.7	1.8
Estimated outlays	2.0	1.8	1.9	2.0	2.0
Offsetting collections	−0.4	−0.2	−0.3	−0.2	−0.2
Total estimated outlays	1.6	1.6	1.7	1.8	1.8

[1] The following costs are not included in this estimate: Compensation as authorized in Title IV. Alcohol and drug abuse treatment as authorized in Title V. Facility renovations as authorized in Title V.

The costs of this bill would fall within budget functions 500 and 550.

BASIS OF ESTIMATE

No stated authorizations for appropriations appear in the bill. We assume estimated authorization amounts are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of similar health service program data. All authorizations are subject to subsequent appropriations action.

Title I of this bill would require the coordination of existing and newly authorized Indian youth alcohol and substance abuse programs within the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA).

Title II would amend the Indian Elementary and Secondary School Assistance Act and the Adult Education Act to provide alcohol and substance abuse training and counseling services. These activities would have to be funded under the authorization ceilings that exist in current law for both Acts. This title would also amend the Indian Education Act to provide a set-aside of the current authorization level for fellowships to be given to those training in alcohol and substance abuse counseling and education. No additional appropriations would be authorized. Title II would also change the Education Amendments of 1978 to authorize the Assistant Secretary of Education to give technical assistance to BIA schools and BIA contract schools in providing instruction to students on alcohol and substance abuse prevention. Such sums as may be necessary are authorized for the Education Amendments of 1978. Additional training and materials would be needed to provide this instruction in all schools. Training costs have been accounted for under Title III of the bill. Instructional materials for all schools could cost about $500,000. The bill would also require the Secretary of HHS to publish and distribute a newsletter on alcohol and substance abuse at an estimated annual cost of $100,000.

Title III would authorize training in alcohol and substance abuse, crisis intervention, family relations and fetal alcohol syndrome for new Community Health Representatives (CHR). It would also require HHS to make similar training available to certain BIA and

IHS personnel who work with Indian youths. This estimate assumes that all CHR's would be trained. It also assumes that one teacher from each BIA or contract school would be trained as well as all BIA social workers and one staffer from each IHS service unit. We assume training would take place in groups. We estimate the cost of this training to be $1.5 million annually. These costs could vary depending on the actual level of training activity undertaken.

H.R. 1156 could also provide training for school board representatives, tribal court judges, BIA law enforcement agents and others. The estimate assumes this optional training would be provided at cost. However, an initial appropriation would be required under the bill to cover these costs. The bill states that any fees charged for this training would be retained by the Director of the Indian Health Service and used to provide additional training. These fees would be treated as offsetting collections. We estimate that about $600,000 would be needed initially for this training. In 1988, outlays of $400,000 could result and would be fully offset by the collection of fees. The initial funding needed would be lower in future years as only new employees and emergency shelter supervisors would receive training or training renewal.

Title IV would require tribal, federal and BIA law enforcement agents to house Indian youths apprehended on alcohol or drug abuse charges in temporary emergency shelters if such facilities are available. This title would also establish a program for compensating Indian families who provide temporary emergency shelters in their homes for Indian youths. Compensation would be determined by the Assistant Secretary of the Bureau of Indian Affairs. CBO has no basis to estimate the number of temporary shelters that might be licensed under such a program or the level of compensation that might be set by the Assistant Secretary.

Title V would require the Secretary of HHS to conduct a study determining the population in need and the cost of providing residential youth alcohol and substance abuse treatment. It would also require the Indian Health Service to provide a comprehensive alcohol and substance abuse treatment program. The bill is not specific as to the level of services to be provided which presumably would be determined based on the findings of the study. The IHS currently spends about $25 million each year on alcohol and drug abuse treatment and prevention. Until the study authorized by this title is complete, CBO cannot determine the level of federal funding that might be needed to augment current services.

The study would also identify any existing federal or local community facilities that could be used as residential treatment centers. The bill authorizes renovation of such facilities, but no cost for renovation has been included in the estimate. Until this study is completed, neither IHS nor BIA can estimate the number of facilities that might be needed for residential treatment or the cost and extent of renovation of such facilities. The bill would require the Secretary of HHS to seek specific authority in subsequent legislation to construct any new residential facilities that might be needed.

6. Estimated cost to State and local government: The budgets of state and local governments would not be affected directly by the enactment of this bill.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Carmela Dyer.
10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

INFLATIONARY IMPACT

Since this measure does not involve the appropriation of new funds, the Committee does not anticipate any inflationary impact if it is adopted.

SECTION-BY-SECTION ANALYSIS OF H.R. 1156

Section 1.—Title

TITLE I

Section 101.—Within 90 days of enactment, the Secretaries of Interior and H.H.S. are to enter into a memorandum of agreement (MOA) to identify and coordinate all resources for alcohol and substance abuse prevention and treatment. The moa is to be reviewed biannually. Activities under this moa are to supplement, not supplant, current activities, and must be undertaken in a manner consistent with the Federal policies of self-determination and local control.

Section 102.—An Indian tribe or organization may submit an application to the Director of I.H.S. to coordinate local services. The timeline for such an agreement is given, and the active cooperation of local agency officials is mandated.

Section 103. The Secretaries of H.H.S., Interior and Education are, to the greatest extent possible, to coordinate current programs.

Section 104.—Stipulates which Agency has primary responsibility for the implementation of each Title in this Act.

TITLE II

Section 201.—Amends the Indian Education Act (I.E.A.) to make alcohol and substance abuse conseling an eligible activity for Part A programs.

Section 202.—Makes clinical psychology an eligible field for I.E.A. fellowships and sets aside up to ten percent of the funds from I.E.A. scholarships for training in the field of alcohol and substance abuse counseling.

Section 203.—Qualifies alcohol and substance abuse counseling as an eligible activity under the Adult Education provisions of the I.E.A.

Section 204(a).—Amends the Indian Education Amendments of 1978 to state that the Assistant Secretary of B.I.A. (hereinafter referred to as ASBIA) shall provide technical assistance to B.I.A. funded schools for the development of alcohol and substance abuse programs upon the request of the local school administration (with the approval of the school board) for B.I.A. operated schools and

the local school board for Bureau contracted schools. Also requires that the ASBIA immediately implement a system for crisis intervention in B.I.A. schools and a system for reporting incidents of abuse. Programs assisted by the ASBIA are to involve consultation with the local Indian Tribe and health personnel, to encourage involvement of families and, where appropriate, to involve Tribal elders and Native healers.

Section 204(b).—The Indian Education Amendments of 1978 are amended to make summer programs eligible components of a school program funded under the Indian Student Equalization Formula. The decision on the implementation of such a program is to be a local decision, with the ASBIA providing such facilities management and technical assistance support as may be required and coordinating all of these programs, regardless of funding or administrative source. The amendment authorizes the Tribes or school to use other funds to augment this program.

Section 205.—Authorizes the publication of an alcohol and drug abuse newsletter, to be widely distributed by the ASBIA to the field.

TITLE III

Section 301.—Require the I.H.S. to provide specific training to Community Health Respresentatives. It also spells out, in detail, two groups of individuals and officials who are to receive training on alcohol and substance abuse problems. The first of these groups is to begin to receive training, without charge, no more than 90 days after the date of enactment. The second group would receive training on the basis of available funds. This second group may be charged a nominal fee for this training, with the funds generated by such fees to remain available for additional training. Training should have a local emphasis, and to the extent possible, involve the local community colleges. Individuals who complete the training would receive a certification from the Secretary of H.H.S.

TITLE IV

Section 401.—All B.I.A. law enforement officers are to receive training in alcohol and substance abuse issues.

Section 402.—Within 6 months after the date of enactment, the ASBIA is to consult with Tribes and promulgate regulations for B.I.A. law enforcement officials which would require, to the greatest extent possible, that the officers exercise other options in lieu of incarceration for Indian youth who are alcohol or substance offenders. These regulations shall conform to the requirements of the Juvenile Justice and Delinquency Prevention Act and, to the greatest extent possible, shall conform to Tribal laws. It is anticipated that these guidelines will act as models for States. As part of this alternatives program, the ASBIA is to establish a system of emergency shelters in Indian homes, with shelter supervisors to be licensed and especially trained. Each shelter would have to be approved by the Tribe to be served.

TITLE V

Section 501.—Within 6 months of enactment, the Director of the I.H.S. is to conduct a study on the scope of the alcohol and substance abuse problem, as it relates to Indian youth.

Section 502.—The Director of I.H.S. is to provide a comprehensive treatment program for Indian youth with alcohol and substance abuse problems in I.H.S. funded facilities. Within 18 months of the completion of the study mentioned above, the Director is to rpeort to Congress on the progress of the implementation of this requirement.

Section 503.—After the establishment of guidelines, the Secretary of H.H.S., in consultation with the ASBIA, is to identify all Federal structures which would be appropriate for use as alcohol or substance abuse treatment facilities, provided that these facilities would have to be suitable structurally and clinically for this purpose. Renovation of structures would be allowed. The Secretary of the Interior is given a positive responsibility to cooperate in this effort, provided that no school could be used for this purpose for individuals other than its own students without the agreement of the school board of such school. If there is not an adequate number of facilities identified by this effort to meet the identified need, the Secretary of H.H.S. is to seek specific authority for such facilities.

TITLE VI

Section 601.—Definitions.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3, rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

SECTION 304 OF THE INDIAN ELEMENTARY AND SECONDARY SCHOOL ASSISTANCE ACT

SEC. 304. Grants under this title may be used, in accordance with applications approved under section 305, for—

(1) planning for and taking other steps leading to the development of programs specifically designed to meet the special educational or culturally related academic needs, or both, of Indian children, including pilot projects designed to test the effectiveness of plans so developed; [and]

(2) the establishment, maintenance, and operation of programs, including, in accordance with special regulations of the Secretary, minor remodeling of classroom or other space used for such programs and acquisition of necessary equipment, specially designed to meet the special educational or culturally related academic needs, or both, of Indian children[.] *; and*

(3) the training of counselors at schools eligible for funding under this title in counseling techniques relevant to the treatment of alcohol and substance abuse.

SECTION 423 OF THE INDIAN EDUCATION ACT

SEC. 423. (a) During the fiscal year ending June 30, 1975, and each of the succeeding fiscal years ending prior to October 1, 1989, the Commissioner is authorized to award fellowships to be used for study in graduate and professional programs at institutions of higher education. Such fellowships shall be awarded to Indian students in order to enable them to pursue a course of study of not more than four academic years leading toward a postbaccalaureate degree in medicine, *clinical psychology,* psychology, law, education, and related fields or leading to an undergraduate or graduate degree in engineering, business administration, natural resources, and related fields. The Commissioner may, if a fellowship is vacated prior to the end of the period for which it was awarded, award an additional fellowship for the remainder of such period.

(b) The Commissioner shall pay to persons awarded fellowships under this subsection such stipends (including such allowances for subsistence of such persons and their dependents) as he may determine to be consistent with prevailing practices under comparable federally supported programs.

(c) The Commissioner shall pay to the institution of higher education at which the holder of a fellowship under this subsection is pursuing a course of study, in lieu of tuition charged such holder, such amounts as the Commissioner may determine to cover the cost of education for the holder of such a fellowship.

(d) The amount that is authorized to be appropriated to carry out the provisions of this section for each of the fiscal years 1987, 1988, 1989, is the amount appropriated for such purpose for fiscal year 1986.

(e) Not more than 10 percent of the fellowships awarded under subsection (a) shall be awarded, on a priority basis, to persons receiving training in guidance counseling with a specialty in the area of alcohol and substance abuse counseling and education.

SECTION 315 OF THE ADULT EDUCATION ACT

SEC. 315. (a) The Secretary shall carry out a program of making grants to State and local educational agencies, and to Indian tribes, institutions, and organizations, to support planning, pilot, and demonstration projects which are designed to plan for, and test and demonstrate the effectiveness of, programs for providing adult education for Indians—

(1) to support planning, pilot, and demonstration projects which are designed to test and demonstrate the effectiveness of programs for improving employment and educational opportunities for adult Indians;

(2) to assist in the establishment and operation of programs which are designed to stimulate (A) the provision of basic literacy opportunities to all nonliterate Indian adults, and (B) the provision of opportunities to all Indian adults to qualify for a high school equivalency certificate in the shortest period of time feasible;

(3) to support a major research and development program to develop more innovative and effective techniques for achieving the literacy and high school equivalency goals;

(4) to provide, for basic surveys and evaluation thereof to define accurately the extent of the problems of illiteracy and lack of high school completion among Indians;

(5) to encourage the dissemination of information and materials relating to, and the evaluation of the effectiveness of, education programs which may offer educational opportunities to Indian adults[.]*; and*

(6) to provide alcohol and substance abuse counseling services to better enable Indians in need of such services to take advantage of educational and employment opportunities.

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EDUCATION AMENDMENTS OF 1978

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PART B—BUREAU OF INDIAN AFFAIRS PROGRAMS

STANDARDS FOR THE BASIC EDUCATION OF INDIAN CHILDREN IN BUREAU OF INDIAN AFFAIRS SCHOOLS

SEC. 1121. (a) * * *

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(i)(1) The Assistant Secretary shall provide the technical assistance necessary to develop and implement a program of instruction regarding alcohol and substance abuse prevention and treatment for students in kindergarten and grades 1 through 12, at the request of—

(A) any Bureau of Indian Affairs school (subject to the approval of the school board of such school); or

(B) any school board of a school operating under a contract entered into under the Indian Self-Determination and Education Association Act (25 U.S.C. 450 et seq.—.

(2) In schools operated directly by the Bureau of Indian Affairs, the Secretary shall, not later than 120 days after the date of the enactment of this Act, provide for—

(A) accurate reporting of all incidents relating to alcohol and substance abuse; and

(B) individual student crisis intervention.

(3) The program requested under paragraph (1) shall be developed in consultation with the Indian Tribe that is to be served by such program and health personnel in the local community of such Tribe.

(4) Schools requesting program assistance under this subsection are encouraged to involve family units and, where appropriate, Tribal elders and Native healers in such instruction.

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UNIFORM DIRECT FUNDING AND SUPPORT

SEC. 1129. (a)(1) * * *

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(e)(1) A financial plan for a school under subsection (b) may include, at the discretion of the local administrator and the school board of such school, a provision for a summar program of academic and support services for students of the school. Any such program may include activities related to the prevention of alcohol and substance abuse. The Assistant Secretary of Indian Affairs shall provide for the utilization of any such school facility during any summer in which such utilization is requested.

(2) Notwithstanding any other provision of law, funds authorized under the Act of April 16, 1934 (25 U.S.C. 452 et seq.) and the Indian Education Act (P.L. 92-318) may be used to augment the services provided in such a summer program, at the option, and under the control of, the Tribe or Indian-controlled school receiving such funds.

(3) The Assistant Secretary of Indian Affairs, acting through the Director of the Office of Indian Education Programs, shall provide technical assistance and coordination for any program described in paragraph (1) and shall to the extent possible, encourage the coordination of such programs with any other summer programs that might benefit Indian youth, regardless of the funding source or administrative entity of any such program.

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